



Mountain Health Choices is West Virginia's new Medicaid program for poverty level children and their parents who are not disabled. More specifically, the following coverage groups are those participating in Mountain Health Choices:

AFDC Medicaid Recipients (MAAR, MAAU)
Deemed AFDC Recipients - Extended Medicaid (ME C, ME S)
Transitional Medicaid (ME I, ME T, ME D)
Qualified Children Born On Or After 10-1-83 (MQCA)
Poverty-Level Children Under Age 1 (MFPI)
Poverty Level Children, Ages 1-5 (MFPC)
Poverty Level Children, Ages 6-18 (Born On Or After 10-1-83) (MFPN)
Continuously Eligible Newborns, to Age 1 (MN)

Members transition from Traditional Medicaid to Mountain Health Choices at the time of their eligibility re-determination date. All members will transition by March 2009. New members are placed in Mountain Health Choices when their Medicaid eligibility is approved. Traditional Medicaid is no longer available to members in the above rate codes.

Members enrolling in Mountain Health Choices choose between the basic or the enhanced benefit plan, in addition to choosing their HMO and their primary care physician.

Benefits are different in the two plans. The enhanced plan offers unlimited Non Emergent Medical Transportation (NEMT) and prescriptions as well as other wellness services. The basic plan is a more limited plan that does not cover, or limits, some optional services. However, all mandated Medicaid services are covered. Clients who access behavioral health services may be better served in the enhanced plan. Members have 90 days after their eligibility redetermination date to choose between plans. If members do not choose to enroll in the enhanced plan, they remain in the basic plan for a year.

Mailings are sent to clients two months prior to their eligibility renewal dates informing them of the change in benefits and explaining what to do if they want

the enhanced plan. Members are placed in the basic plan if they do not choose the enhanced plan.

To enroll in the enhanced plan, members must visit their doctor and sign a Member Agreement. Enhanced plan members also develop a personalized health improvement plan with their physician.

The medical card indicates the member's plan with the following codes: BA and BC for Basic Adult and Child; EA and EC for Enhanced Adult and Child; and TR for traditional Medicaid.

Members who have questions about the enrollment process may call Automated Health Systems at 1-800-449-8466.

For more information on Mountain Health Choices, go to: [http://www.wvdhhr.org/bms/oAdministration/Medicaid Redesign/MedRedesign\\_main.asp](http://www.wvdhhr.org/bms/oAdministration/Medicaid%20Redesign/MedRedesign_main.asp)

Please do not hesitate to contact Shannon Landrum at the Bureau for Medical Services (558-6006) if you need additional information on Mountain Health Choices.